

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 0 5

2. STATE:

HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

03/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42.U.S.C., 1369n

7. FEDERAL BUDGET IMPACT:

a. FFY N/A \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT TO ATTACHMENT 3.1-A
PAGES 2 AND ~~X~~
Attachment 4.19B page 5 and 5.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SUPPLEMENT TO ATTACHMENT 3.1-A
PAGES 2 AND ~~X~~
Attachment 4.19B page 5 and 5.1

10. SUBJECT OF AMENDMENT:

TARGETED CASE MANAGEMENT SERVICES

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Susan M. Chandler

13. TYPED NAME:

Susan M. Chandler

14. TITLE:

Director

15. DATE SUBMITTED:

APR 23 2001

16. RETURN TO:

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION
P.O. BOX 339
HONOLULU, HI 96809-0339

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

April 26, 2001

18. DATE APPROVED:

7-13-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

March 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

AS Leary

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Recipients receiving services under the Home & Community Based Waiver Services Program shall be eligible to receive non-duplicative case management services.

B. Areas of State in which services will be provided:

- (X) Entire State.
- () Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide).

C. Comparability of Services:

- () Services are provided in accordance with section 1902 (a) (10) (B) of the Act.
- (X) Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

D. Definition of Services:

The purpose of case management is to support, coordinate, link, monitor, and review services and resources for individuals with DD/MR. Case management will assist eligible individuals under the plan in gaining access to needed medical, social, education and other services. Case management services include:

1. Service Plan Development – The development and ongoing updating and monitoring of the Individual Service Plan based upon assessment/reassessment of clients' needs with the participation of the client, Parents, and legally appointed guardian, service providers, and other pertinent parties.

TN No. 01-005

Supersedes

TN No. 90-15

Approval Date: JUL 13 2001

Effective Date: 3/1/01

five per cent of the sponsoring physician's Medicaid reimbursement rate.

- h. Payments to pediatric nurse practitioners and family nurse practitioners shall be limited to seventy-five per cent of the prevailing customary Medicaid allowance for pediatric physicians and family practice physicians.
- i. Payments for clinic services (other than physician-based clinics) shall be limited to rates negotiated by the department. The types of clinics include government sponsored non-profit, and hospital-based clinics.
- j. Payments for teaching physicians shall be limited to rates negotiated by the department and shall be paid to the teaching fund, not to the physician.
- k. The Hawaii Medicaid program shall not pay more than the billed amount for any noninstitutional item or service or more than the amount permitted by federal law or regulation.
- l. Payment for medical supplies shall be the lowest of the rate set by the department, the estimated acquisition cost (EAC), or Medicare's upper limit of payment.
- m. Payments for home pharmacy services shall be the lower of the rate set by the department or Medicare's upper limit of payment.
- n. Payments for sleep services shall be the lower of the rate set by the department or Medicare's upper limit of payment.
- o. Payments for targeted case management services:
 - 1. Payment is based on negotiated rates which take into consideration Medicaid allowable costs.

The State has a system in place to accumulate claim costs for the services. Rates are reassessed annually based on historical information provided by the Department of Health and verified by the Department of Human Services. Historical data will be used to set the base each year and any new add-ons will be calculated into the new rate.

TN No. 01-005
 Supersedes
 TN No. 99-003

Approval Date: JUL 13 2001 Effective Date: 3/1/01

2. Services shall be reimbursable only for calendar months during which at least one face to face or telephone contact is made with the recipient or collaterals.
3. Payment shall not be made for services for which another payer is liable, nor for services for which no payment liability is incurred.
4. Payment shall be made for only one recipient even though more than one recipient may have been serviced during the unit of service.
5. Requests for payments shall be submitted on a form specified by the Department and shall include the:
 - (a) Date of service;
 - (b) Recipient's name and identification number;
 - (c) Name of the provider and person who provided the service;
 - (d) Nature, procedure code, units of service; and
 - (e) Place of service.

p. Payments to a facility for non-emergency care rendered in an emergency room shall not exceed:

1. The rate negotiated by the Department;
2. Seventy-five per cent of billed charges; or

TN No. 01-005
 Supersedes
 TN No. 99-003

Approval Date: JUL 13 2001 Effective Date: 3/1/01